



**GILA COUNTY DIVISION OF HEALTH AND COMMUNITY SERVICES**  
**REQUEST FOR APPROVAL OF ALTERNATIVE FEATURE**  
**OF TECHNOLOGY, DESIGN, SETBACK, INSTALLATION, OR OPERATION PER**  
**A.A.C. R18-9-A312(G)**  
**General Aquifer Protection Permits 4.01 Through 4.23**

<b>Applicant Information:</b> Applicant Name _____ Applicant Address _____ Phone No. _____	<i>For Agency Use Only</i>  <b>APN No.</b> _____  <b>Fee Included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Review fee is \$75 per each requested change)  <b>Rec'd Date:</b> _____
<b>Agent Information:</b> Name _____ Address _____ Contact Phone No. _____ Fax _____	
<b>1. Rule Citation of Requirement for Which Change is Requested:</b> _____ Note: The Gila County Health Department is not authorized to approve deviations from the following: <ul style="list-style-type: none"><li>The relationships between soil absorption rates and soil types or percolation rates - AAC R18-9-A312.D.</li><li>The relationship between minimum vertical separation and total coliform concentration - AAC R18-9-A312.E.</li><li>Performance criteria and hydraulic loading rates for treatment media established in AAC R18-9-E302 through R18-9-E323 or specified in any referenced document for design.</li></ul>	
<b>2. Description of Requested Change:</b>          	
<b>3. Justification for Requested Change (Please attach any necessary calculations, drawings, or other supporting documentation):</b>          	
<b>Signature By:</b> <input type="checkbox"/> Applicant <input type="checkbox"/> Authorized Agent for Applicant  _____ Signature Date	
<b>REQUEST APPROVED:</b> <input type="checkbox"/> Equal or better performance <input type="checkbox"/> Site or system conditions _____ addressed more satisfactorily Approved By Title Date	
<b>REQUEST DENIED:</b> <input type="checkbox"/> Not equal or better performance <input type="checkbox"/> Doesn't address site/system conditions better Denied By: _____ <input type="checkbox"/> Request insufficiently justified Title: _____ <input type="checkbox"/> Excessive review/research time needed Date: _____ <input type="checkbox"/> Adverse impact to environment/other permittees <input type="checkbox"/> Other _____	